flow Ethics and Campaign Disclosure Board 510 E. 12th, Sto. 1A Dos Moines, Iown 50319 Fax: 515-281-4073



Fax: 515-281-4073	FOR INSTRUCTIONS, DISCLOSURE S	, SEE BACK OF FORM AMP UMMARY PAGE	AIGH	THICS AND DISCLOSURE BD
COMMITTEE NAME (Must be	same as an Statement of Organiz		T#4: 1	I IM 7- 00
Invest in Student Learning	Total of Cigaraz	auon) ZUIU	JAN	I AM 7: 22
IMPORTANT: Indicate by # type of (1) Statewide/Legislative/Judge 8 (4) County Control Committee (5)	of committee you are reporting for: 111 thanding for Retention Candidate (2)Si)County Candidate (6)City Candidate y PAC (9)City PAC (10)School Boar	late PAC (3)State Party	al C (DR-2 (Rev. 07/2007) DISCLOSURE REPORT
CANDIDATE COMMITTEES C Candidate Name	ONLY:	Political Party (if applicable)		Comm. # 2996 Logged in WW
Office Sought		District (if Sensin or House)		Computer
SIGNATURE OF PERSON FILLI	iath	TELEPHONE REPORT FOR (1) ELECTION	/(<u>2)N</u> ON	// 10 / 10 DATE SIGNED
CHECK IF AMENDMENT TO	•	Indicate by	* []	
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